



## Alabama State Board of Respiratory Therapy

P. O. Box 241386, Montgomery, AL 36124-1386

Phone: 334-396-2332 Fax: 334-396-2384

Web Site: [www.asbrrt.alabama.gov](http://www.asbrrt.alabama.gov)

### CHANGE OF INFORMATION NOTICE AND REPLACEMENT LICENSE REQUEST

#### Current Licensee Information on file:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

AL Respiratory Therapy License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail: \_\_\_\_\_

#### Complete ONLY sections below that have changed.

\*\*\*\*\*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail: \_\_\_\_\_

#### Employment:

Name and Address of Employer	Beginning/Ending dates of Employment	Title of Position	Phone

If additional space is needed, record on a separate sheet of paper and attached to this application.

#### Education:

High School	City, State	Dates Attended	Graduation date	Major
University/College	City, State	Dates Attended	Graduation date	Major
Other	City, State	Dates Attended	Graduation date	Major

If additional space is needed, record on a separate sheet of paper and attached to this application.

#### List all Respiratory Therapy and other health-related license you hold or have held.

State	Type License	Date License was Issued	License Status
			Active Inactive
			Active Inactive

If additional space is needed, record on a separate sheet of paper and attached to this application.

\*\*\*\*\*

If you answer, "YES" to any of the following questions you are required to include explanation, date, place, reason, and disposition of the matter on a separate sheet of paper attached to this application. Failure to furnish complete documentation may result in a delay in the processing of your application.

	YES	NO
1. Are you currently charged with, or ever been convicted of a felony or misdemeanor?	_____	_____
2. Do you have any physical, mental or emotional impairments that would hinder your ability to perform duties assigned in the profession of Respiratory Therapy?	_____	_____
3. Are you or have you ever been addicted to alcohol or drugs?	_____	_____
3. Have you ever been treated for alcohol/substance abuse in a treatment center, hospital, or outpatient setting? If yes, give name of institution, date and length of treatment.	_____	_____
4. Has any state licensing board refused, revoked or suspended a certificate/license issued to you or taken other disciplinary action?	_____	_____
5. Have you ever voluntarily or otherwise surrendered your Healthcare or Respiratory license or certification/ registry in any jurisdiction, state or territory?	_____	_____
6. Are you currently under investigation by any healthcare licensing board or agency?	_____	_____
7. Have you had any malpractice suits filed against you or your employer on your behalf?	_____	_____

\*\*\*\*\*

- ☐ I have attached pertinent documents, etc., regarding legal name change requests in connection with this application. I have enclosed the \$25.00 replacement license fee.
- ☐ I am requesting a change of information that does not require a replacement of my current license (no fee required).
- ☐ I have lost my license and request a replacement. I have enclosed the \$25.00 replacement license fee.

\*\*\*\*\*

**Affidavit of Applicant**

I, \_\_\_\_\_ acknowledge and state that all of the information supplied in this application is true and correct to the best of my knowledge. I acknowledge that any false or untrue statements or representation made in this application may result in the revocation of any license to practice respiratory therapy granted to me and criminal prosecution to the fullest extent of the law.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date